CASH & VOUCHER ASSISTANCE FOR CHILDREN ASSOCIATED WITH ARMED GROUPS AND ARMED FORCES (CAAFAG)

A CASE STUDY FROM SAVE THE CHILDREN IN THE DEMOCRATIC REPUBLIC OF THE CONGO (DRC)

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Save the Children

GLOSSARY

TERM	DEFINITION
CAAFAG	Children Associated with Armed Groups/Armed Forces : as defined by the Paris Principles they are "any person below 18 years of age who is or who has been recruited or used by an armed force or armed group in any capacity, including but not limited to children, boys, and girls used as fighters, cooks, porters, messengers, spies or for sexual purposes. It does not only refer to a child who is taking or has taken a direct part in hostilities.
Case Management	An approach to address the needs of an individual child and their family in an appropriate, systematic and timely manner, through direct support and/or referrals.
Cash & Voucher Assistance (CVA)	CVA refers to the direct provision of cash transfers and/or vouchers for goods or services to individuals, households, or group/community recipients. In the context of humanitarian response, CVA excludes payments to governments or other state actors, remittances, service provider stipends, microfinance and other forms of savings and loans. The terms 'cash' or 'cash assistance' should be used when referring specifically to cash transfers only (i.e., avoid using 'cash' or 'cash assistance' when referring to cash and vouchers collectively).
Cash over-the-counter	Cash over the counter (OTC) is a direct cash payment to recipients in physical currency (notes and coins). This term applies where a financial service provider (FSP) is contracted by a humanitarian organization to provide cash payments directly to recipients as an OTC service, without requiring any form of recipient account or wallet. Remittance companies and post offices, as well as banks, might provide this service. Cash over the counter is distinct from cash in hand/cash in envelope which generally refers to interventions where the humanitarian organization directly distributes the cash themselves.
Conditionality	Conditionality refers to prerequisite activities or obligations that a recipient must fulfil to receive assistance. Examples of conditions include attending school, building a shelter, attending nutrition screenings, undertaking work, training, etc. Unconditional transfers are provided without the recipient having to do anything to receive the assistance, other than meet the intervention's targeting criteria (targeting is separate from conditionality). Conditionality is distinct from restriction (how assistance is used) and targeting (criteria for selecting recipients).
Delivery Mechanism (DM)	A delivery mechanism in humanitarian CVA is a means of delivering/transferring cash or vouchers to recipients (e.g., smart card, mobile money transfer, over the counter, cheque, ATM card, etc.).
Financial Service Provider (FSP)	A FSP is an entity that provides financial services, which may include digital payment services. Depending upon the context, FSPs may include e-voucher companies, financial institutions (such as banks and microfinance institutions) or mobile network operators (MNOs).
Market Monitoring	Market monitoring refers to the regular collection of data from marketplaces and market vendors to better understand the prices of key goods and services, the functionality and accessibility of markets, and any dynamics preventing the market system from working smoothly. Market monitoring is useful to verify whether markets are sufficiently functional to support CVA, whether there are underlying issues that can be addressed through market-based programming, and whether aid distributions may be distorting markets in areas of intervention, among other uses.
Mobile Money	Mobile money uses mobile phones to access financial services such as payments, transfers, insurance, savings, and credit. It is a paperless version of a national currency that can be used to provide humanitarian e-cash payments.

Modality	Modality refers to the form of assistance – e.g., cash transfer, vouchers, in-kind, service delivery, or a combination (modalities). This can include both direct transfers to household level, and assistance provided at a more general or community level e.g., health services, WASH infrastructure.
Multipurpose Cash Assistance (MPC or MPCA)	MPCA comprises transfers (either periodic or one-off) corresponding to the amount of money required to cover, fully or partially, a household's basic and/or recovery needs that can be monetized and purchased. Cash transfers are "multipurpose" if explicitly designed to address multiple needs, with the transfer value calculated accordingly. The extent to which a cash transfer enables basic needs to be met depends on the sufficiency of the transfer value and should be considered when terms are applied to specific interventions. MPC transfer values are often indexed to expenditure gaps based on a Minimum Expenditure Basket (MEB), or another monetized calculation of the amount required to cover basic needs. All MPC are unrestricted as they can be spent as the recipient chooses.
Restriction	Restriction refers to limits on the use of assistance by recipients. Restrictions apply to the range of goods and services that the assistance can be used to purchase, and the places where it can be used. The degree of restriction may vary – from the requirement to buy specific items, to buying from a general category of goods or services. Vouchers are restricted transfers by default since they are inherently limited in where, when and how they can be used. In-kind assistance is also restricted. Cash transfers are unrestricted and can be used as recipients choose . Note: restrictions are distinct from conditions, which apply only to activities that must be fulfilled to receive assistance.
Transfer Value	Transfer value is the amount (usually a currency value) provided directly to a CVA recipient. Transfer values (along with number and frequency of transfers) are calculated based on the intervention's objectives, often using tools such as a Minimum Expenditure Baskets (MEB) and gap analysis. Transfer value typically refers to a single transfer amount, rather than the total amount transferred to a recipient over the course of an intervention (i.e., from multiple transfers). Net transfer value refers to the total amount transferred directly to recipients over the course of an intervention. Transfer values do not include transaction costs.

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BACKGROUND & RATIONALE

Cash and Voucher Assistance (CVA) is a critical modality that is increasingly being used to support the prevention of and response to child protection risks. In 2016, humanitarian agencies and donors committed to improve the effectiveness and efficiency of humanitarian action by 'increasing the use and coordination of cash-based programming' under the Grand Bargain cash work stream. As the Grand Bargain is entering its seventh year, significant technical progress has been made and the global volume for CVA programming expenditure increased by 41% from 2021 to 2022 to US$10.0 billion, with US$7.9 billion transferred as CVA to crisis-affected people. CVA represented 21% of international humanitarian assistance (IHA) in 2022, compared to 20% in 2020.[1]

Child protection (CP) is a sub-sector for protection that produces life-saving outcomes both as a standalone sector and through integration and mainstreaming with other sectors. While recent studies and desk reviews underscore the use of cash as an effective protection tool to improve child protection and well-being, they also point out knowledge gaps and the need for more concrete data findings.
In 2021, Save the Children led a literature review of child protection outcomes in CVA in humanitarian settings, which also highlighted the need to better assess CVA impact on child protection outcomes through rigorous research and evaluation designs that can indicate causation or compare the effectiveness of different CVA modalities. The review also calls for more 'clearly defined and measurable outcomes, stronger theoretical frameworks, greater understanding of the relationships between different outcomes, and individual-level data (instead of solely household-level data) to generate better evidence for CVA and child protection programming in humanitarian settings.

In 2022, Save the Children has been scaling up its use of CVA for Child Protection programming through various pilot projects. Taking stock of the evidence review findings, Save the Children conducted research in 2022-23 in three countries (the Democratic Republic of the Congo, Egypt and the Philippines) that focus on measuring the impact on CVA on child marriage, child labor and child wellbeing, with the goal to design a robust implementation and monitoring methodology to measure the outcomes of CVA on specific child protection outcomes. In 2023, SC DRC led a pilot operational research project to assess the impact of cash and voucher assistance (CVA) on child protection outcomes, identify evidence and gaps, and document programmatic best practices.

CONTEXT

The crisis in the DRC has been ongoing for several decades and is marked by nearly constant conflict, though it varies in terms of geographical scope, actors, intensity and objective and is compounded by regular outbreaks of deadly diseases, natural disasters including volcanic eruptions, earthquakes, flash floods and landslides, against a backdrop of weak governance and broad-scale corruption.

Since 2022 a renewed conflict dynamic between the M23 armed group and the Congolese national army (FARDC) broke out in North Kivu provinces causing massive displacement, with spill-over effects into neighboring provinces and exacerbating tensions throughout the Great Lakes region.

Given the significant violence that took place in the final quarter of 2022, humanitarian actors now estimate that 6.3 million people are internally displaced. The DRC counts the highest number of internally displaced people in the world as well as the highest number of people living in acute food insecurity, and cases of sexual and gender-based violence as well as of recruitment, and exploitation have largely increased. Significant flooding and landslides also recently affected the same areas, making conditions even more strenuous and adding to conflict-induced displacements. The 2023 Humanitarian Needs Overview (HNO) posited at least 26.4 million people in need of humanitarian assistance and estimated the internally displaced population at 5.7 million.

1. *https://www.calpnetwork.org/the-state-of-the-worlds-cash-2023-conversation-toolkit/*

According to the 2023 humanitarian response plan (HRP), $2.25B were required to respond to the most urgent life-saving needs of populations in the DRC. Despite significant efforts to mobilize new funding, this ambition had only been met at 29% as of mid-July 2023. Over 64% of people in the DRC live on less than $2.15 a day with 60 million classified as living in extreme poverty.

On June 16, 2023, the IASC formally announced a system-wide scale up response to the crisis in Eastern DRC (Ituri, North Kivu and South Kivu Provinces) for an initial period of 3 months, notably asking NGOs to activate internal scale up mechanisms to the extent possible.

CHILD PROTECTION RISKS AND RISK FACTORS

A baseline study was undertaken in January 2023 by Save the Children in the Democratic Republic of the Congo (SC DRC) through (a) quantitative surveys with parents/caregivers/heads of household as well as community-based child protection actors including para-social workers, and (b) Focus Group Discussion (FGD), to identify and assess CP benefits and risks before starting CVA.

Lack of money to ensure children's access to education as well as employment or entrepreneurship for youth.

Recruitment of children into armed groups and armed forces (CAAFAG) is considered a major risk. The main drivers of recruitment include the lack of money, limited livelihoods and education opportunities, the absence of knowledge on children's rights, lack of protection monitoring as well as forced recruitment or use by armed groups/forces. Unaccompanied children and child-headed households are considered by communities as those most at-risk of recruitment.

Child Labor is also very prominent (beyond association with armed groups/armed forces which is considered as one of the worst form of child labor). As a form of social pressure, children are expected to show their working abilities/capabilities as young as 10-year old and poor households are pushed to send their children into labor as a coping strategy to the lack of livelihoods. Unpaid child labor is also an incentive for employers to recruit children for their free labor who they compensate in nature (i.e. candies). Agricultural labor was the most common form of child labor, followed by manual labor and domestic chores, including in unsafe working conditions with exposures to multiple risks.

Violence is also prevalent, notably physical and emotional violence, including by teachers and parents inside and outside schools; and sexual violence is notably fostered by poverty and unemployment that push girls to engage in survival sex.

Child marriage as well as early pregnancies are considered as prevalent and acute protection risk according to community-members, due to social practices and economic vulnerabilities.

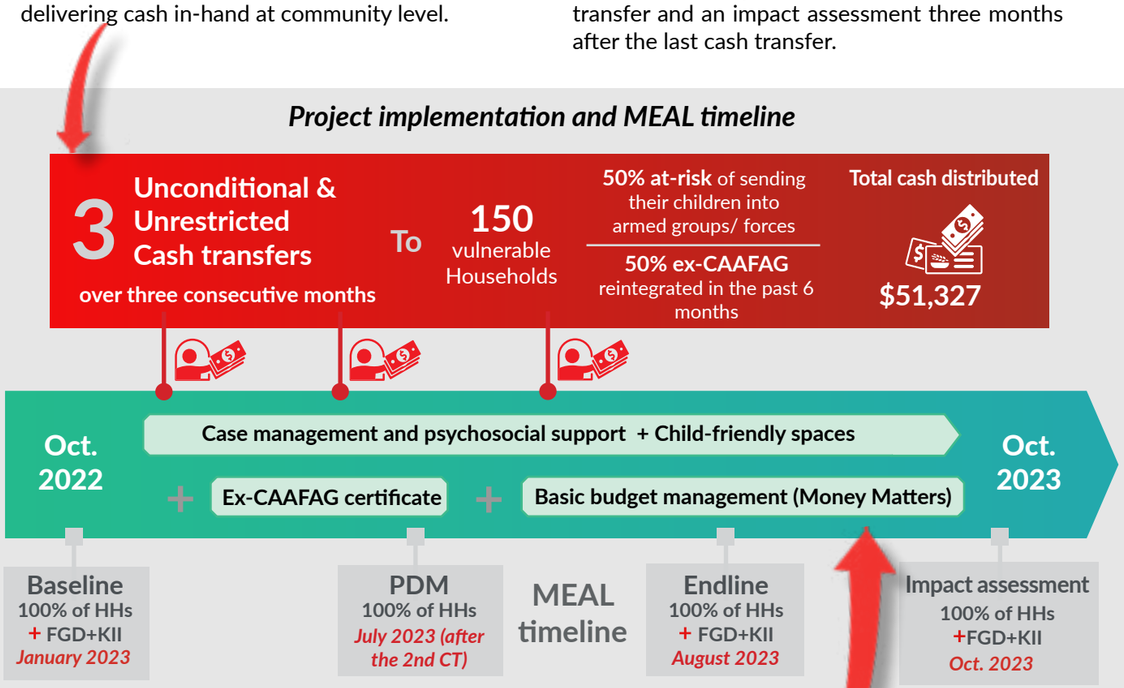
CVA FOR CHILD PROTECTION RESPONSE DESIGN

This project targeted **150 households** in South Kivu (Malinde and Fizzy) with (a) children reintegrated at community level within the last six (06) months after having been associated with armed groups/forces, and (b) children at-risk of becoming associated with armed groups/forces due to acute socio-economic vulnerability.

Three (03) unconditional and unrestricted multi-purpose cash transfers (MPCA) were carried out over three consecutive months, in collaboration with TMB as the financial service provider delivering cash in-hand at community level.

A robust MEAL component was oversighted by an external consultant included a baseline survey, a post-distribution monitoring (PDM) survey, an endline survey one month after the last cash transfer and an impact assessment three months after the last cash transfer.

Project implementation and MEAL timeline



CASH + COMPLEMENTARY ACTIVITIES

Legal protection - ex-CAAFAG certification: ex-CAAFAG targeted by this cash transfer program received an official certificate from national authorities as a standard practice of their Demobilization, Disarmament and Reintegration (DRR) Program, attesting their reintegration into their community and in turn contributing to reduce their exposure to the risks of abuse and exploitation at community level. 78 ex-CAAFAG have been certified by national authorities leading the Disarmament, Demobilization and Reintegration (DDR) program and in close collaboration with SC DRC.

Case management and psychosocial support: throughout the CVA intervention, the 150 beneficiary children[2] received case management by para-social workers as well as access to child-friendly spaces where they receive access to psychosocial support.

Basic budget management (Money Matters): The 150 beneficiary households received counselling sessions led by para-social workers on basic budget management as part of regular case management activities. These sessions followed the "Money Matters" methodology and toolkit co-developed by SCI under the Alliance for Child Protection in Humanitarian Action.

2. Households have 7 children on average throughout the target caseload

CVA INTEGRATION INTO CHILD PROTECTION CASE MANAGEMENT

Save the Children is pro-actively promoting the integration of CVA programming within child protection case management and this pilot project is one more illustration of such an orientation:

Program-level integration: the project ensured that all CVA recipients were receiving case management as well as access to child-friendly spaces and MHPSS before CVA implementation.

Team-level integration: The project was an opportunity to continuously build the capacities of CVA and CP teams on social and economic risk factors, and mitigation measures through regular technical support and coaching (i.e. weekly technical calls on CVA and CP with field teams and technical advisors). It was also an opportunity to build para-social workers' capacities on basic budget management and equip them with the Money Matters toolkit.

CVA integration into case management: Para-social workers were in a position to support households/children in their CVA registration, for example if they needed to request a residency permit from local authorities to comply with Know Your Customer requirements set by the government/financial service provider. Para-social workers also informed selected cases about the CVA program (transfer values, duration/frequency/ delivery mechanisms etc.).

Once the individual case plan was developed, para-social workers moved on with case implementation, including direct service provision and referral; and provided regular follow-ups. At this stage, para-social workers were also able to support CVA operations, for example by being at the distribution site to facilitate the flow of beneficiaries and respond to questions/ feedbacks/complaints.

Para-social workers were also in a great position to deliver basic budget management support as part of their regular engagement. It has the advantage that para-social workers know better the socio-economic dynamic of the case and his/her household and may deliver this activity in a confidential and safe manner.

LESSON LEARNT

Program-level integration: The intervention ensured that CVA recipients received case management as well as access to child-friendly spaces and MHPSS before CVA implementation. This in turn required the CVA team to delay the project start-up although the baseline had been conducted. It led to some community members and representatives to ask questions about the status of the CVA which in turn required the team to dedicate more energy and time for community sensitization.

TARGETING AND SELECTION

Community engagement: The project team presented the project at community level with local leaders and community members as well as to relevant national authorities. Another meeting then took place again with local leaders and other leaders of opinions (i.e. teachers, CP community network members etc.) to jointly define targeting criteria. No emphasis was put on CAAFAG to limit risks of stigmatization. Instead, the project referred to child protection outcomes in a broader sense.

Targeting criteria for the most vulnerable ex-CAAFAG:

- Ex-CAAFAG reintegrated within the last 6 months
- Levels of income
- Household with members with specific needs

Targeting criteria for the most vulnerable children at-risk of enrollment into armed groups/armed forces:

- Unaccompanied and separated children in temporary foster families
- Child-headed households over 16-year old

Community-based targeting: Local leaders pre-selected households based on the above targeting criteria validated at community level. SC DRC then set-up a community-based committee composed of local leaders and leaders of opinion in each of the two areas targeted by the project to verify households' eligibility by administering a household survey door-to-door while using Save the Children's tool.

Verification by national authorities leading DDR: another counter-verification was then conducted by the national authority as the lead agency for Disarmament, Demobilization and Reintegration (DDR) programming for CAAFAG in the target locations. This was key to ensure local ownership and accountability while managing potential complaints by community members during the selection process.

Socio-Economic Vulnerability Assessment: a final counter-verification was then conducted by the MEAL team of Save the Children through a household economic survey administered to all pre-selected households considered as at-risk of sending their children into armed groups/forces and the development of an individual score card to confirm selection according to an eligibility threshold.

Ex-CAAFAG household :

- Having obtained the ex-CAAFAG certificate
- Household with members with specific needs
- Pregnant/lactating women
- Children under 5
- Elderlies
- Chronic illness/disabilities/HIV-AID

Household at-risk of sending their children into armed groups/forces :

- Unaccompanied or separated children in temporary foster families
- Child-headed households over 16-year old
- Household with members with specific needs
- Pregnant/lactating women
- Children under 5
- Elderlies
- Chronic illness/disabilities/HIV-AID
- Economic vulnerability
- Level(s) of incomes
- Food Consumption Score (FCS)
- (reduced) Coping Strategy Index (rCSI)

Communication of the results: Final results were then communicated in two times: first in a close group with the national authorities, the community-based verification committee and local leaders and secondly with selected beneficiaries. All the households with ex-CAAFAG recognized by the national authority and having subsequently been issued an ex-CAAFAG certificate were automatically considered eligible for the CVA regardless of their socio-economic situation.

RISK ASSESSMENT AND MITIGATION MEASURES

Step 1 – Update the risk matrix and mitigation measures

MAIN RISKS	MITIGATION MEASURES
Limited project acceptance by some new administrator of Fizi territory, who has a negative perception of cash transfer programs in general.	• Meeting with the new administrator of the Fizi territory to present the project's approach and objectives, and to remind him that the project had already been validated by his predecessor. • Maintaining a close relationship with government departments such as the Division of Social Affairs and the the Humanitarian Action Service of the Division for Gender, as well as with local communities to promote local acceptance.
Risk of stigmatization of ex-CAAFAG/children at-risk	• No emphasis on CAAFAG as part of community engagement and sensitization. • Broadening targeting to include ex-CAAFAG as well as households considered at-risk of sending their children into armed groups/forces due to socio-economic vulnerabilities. • Close engagement with national authorities to issue ex-CAAFAG certificate.
Presence of armed groups in the target location zone **Insecurity/violence against beneficiaries, SC DRC staff and/or agents of the financial services provider during/after cash transfer operations**	• The project adopted a "low profile" approach, limiting communication to project beneficiaries, relevant state partners and community leaders. • Beneficiaries were made aware of the cash transfer program in a confidential manner as part of case management activities by para-social workers. • Identification of distribution sites guaranteeing confidentiality of operations. • Absence of visibility material at community level. • Communication at community level on project objectives and selection criteria in ways to avoid risks of stigmatization. • Police escort for the financial services provider to transport the funds. The police are then deployed within a wide radius from the distribution sites. Police officers are not present at the distribution sites to avoid visibility of operations and risks of stigmatization. • Cash transfers are carried out on the morning of the same day at both sites, to avoid the sharing of information/rumors between sites and the subsequent potential mobilization of armed groups Distributions start first in Fizi, where the risk is higher, and continue in Malinde, where the risk is lower. • Beneficiaries are required to attend distribution activities at a pre-communicated time slot to reduce the risk of group clustering, stigmatization and violence. • Awareness-raising among beneficiaries by para-social workers on the importance of remaining discreet before/during/after each distribution (i.e. not communicating about their eligibility, not taking their money out in public, etc.).

MAIN RISKS	MITIGATION MEASURES
Nuisance by alleged ex-CAAFAG who have not been selected because the nat. authority has not given them official ex-CAAFAG certificates (eligibility criteria)	• Meetings planned by the Protection team with the households' heads to clarify the selection process. • Target these cases as beneficiaries of the Island MFA-funded child protection project.* **The CVA project benefited from the complementarity of 2 programs: The Iceland "Mtazamo Kwa Watoto" program provided complementary psychosocial support activities in the CFSs, as well as case management in general. The duration of this program is from January 2023 to 2025. The NMFA project also gave cash to 150 families who had received support from the CVA project. Each family received a $50 top-up to the amount donated by the CVA project, with the aim of filling the remaining gap in each child's care plan. The NMFA project runs from 2023 to 2024.*
Reduced access to target areas due to flooding, deteriorating road conditions and the presence of armed groups	• Identify and take alternative routes.
Risk of intra-family tension over the use of cash transfers	• Para-social workers run counselling sessions on basic budget management (Money Matters) as part of case management, involving all household members and stressing the importance of prioritizing the use of the cash and voucher assistance in the interest of their child(ren) and according to their priority basic needs.
Rising local prices due to bad road conditions during the rainy season and inflation	• Analyze Joint Market Monitoring Initiative (JMMI)/REACH market price monitoring reports and adapt transfer values accordingly in collaboration with the cash working group.
Safeguarding risks	• Orientation of the financial service provider and para-social workers on SCI's safeguard and fraud policies. • Implementation of accountability mechanisms (hot line, suggestion box, complaint/feedback desk during distributions, PDM) to collect and process all complaints/requests for information. • Make beneficiaries aware that they don't have to do favors/pay taxes, etc., to access the cash and voucher assistance.

Step 2 - Assessment and analysis of the potential additional risks that CVA may generate, through FGDs and KIIs with 20 local child protection stakeholders, including 11 women and 9 men, as part of the baseline survey (tool #1 of the CVA for CP MEAL toolkit).

Following this survey, it had been noted that cash assistance was considered an adequate response for "all [protection] cases" according to 19 local actors and for "most or some [of these cases]" for 1 local actor. Cash assistance delivered directly to children was not considered appropriate by 9 out of 20 local actors, given the potential risks of cash mismanagement and theft.

For the vast majority of households, there were no barriers to accessing cash assistance, except for 1-3% of households: 1% have difficulty seeing, 1% have difficulty hearing and 1% have difficulty walking or climbing steps.

Households and local actors interviewed during the CVA risk assessment as part of the baseline survey recommended that:

- The assistance should be provided discreetly, avoiding widespread communication at community level.
- Beneficiaries should be made fully aware of the objectives and use of the cash assistance prior to cash transfers.

The project's technical team also made the following recommendations:

- Establish a simple and clear communication protocol to define key messages, targets, when and by whom, while considering the risks of stigmatization and protection at community level.
- Raise para-social workers' awareness of the intervention's modality, its objectives, and the aspects households need to consider to access cash assistance appropriately (i.e. distribution mechanism, process for receiving the cash transfers, the duration of the assistance, the frequency, duration and values of the cash transfers, as well as the accountability mechanisms in place.
- Train para-social workers on the "Money Matters" toolkit to promote an appropriate management of the family budget and the cash assistance, and to avoid the risk of intra-family tensions.
- Organize regular coordination meetings between the CVA team of this micro-project and the child protection team of the Island MFA-funded project in order to strengthen programmatic integration (internal/external referral pathway, joint planning of activities to ensure complementarity of interventions, sharing of experiences, review of PDMs results etc.).

Step 3 - Implementation of mitigation measures before the first cash transfer

Step 4 - Two (2) weeks after the second cash transfer, the team conducted a post-distribution monitoring (PDM) with all 150 HHs to assess processes and outcomes, and monitor risks.

TRANSFER VALUES

SC DRC calculated the transfer values based on the latest available survival Minimum Expenditure Basket (sMEB), established up by the World Food Program (WFP) in the DRC in July 2020, while considering budget limitations.

The sMEB was established at national level at 218,033.00 Congolese francs (106 USD), compared to 354,506 Congolese francs (172 USD) for a full MEB, for an average HH of 6 members, to cover food, health, utilities and non-food needs.

Given the significant price variations between regions and urban and rural areas (around 13% more expensive in urban areas on average), SC DRC used the sMEB calculated for the urban area of Uvira, which is the closest and most representative locations of those targeted. The sMEB for urban Uvira was 188,100 Congolese francs (93USD) in July 2020.

Box n°1: Updated urban Uvira sMEB

	Congolese francs	USD	% of urban-Uvira sMEB
Food	148,599	73	79%
NFI	22,572	11	12%
Health	9,405	5	5%
Utilities	7,524	4	4%
Total	188,100	93	100%

Given the timing of the sMEB calculation and recent shock prices at national/global level, SC DRC used the results of the latest Joint Market Monitoring Initiative (JMMI)/REACH market monitoring in 2023 to revise the transfer amount.

Box n°2: Updated urban Uvira sMEB according to market price monitoring

	Congolese francs	USD	% of urban-Uvira sMEB
Food	121,730	55	56%
NFI	19,280	9	9%
Health	70,200	32	32%
Utilities	6,375	3	3%
Total	217,585	99	100%

Households' average incomes were estimated as part of the verification survey (see above). 12.5% of households reported no income, 33% reported an average monthly income of less than 5,000 FC (2.34 USD), 49.5% reported from 5,000 FC to 25,000 FC (2.34USD - 11.7 USD), 3% reported between 25,000 FC and 40,000 FC (11.7 USD - 18.7 USD) and 1% between 40,000 FC and 80,000 FC (18.7 USD - 37.5 USD).

Given the HH extremely low-income levels, acute socio-economic vulnerability and level of exposure to protection risks, SC DRC provided transfer values that corresponded to 100% of the above sMEB but rounded up to 220,000 Congolese francs (100 USD) for a household of six (6) members.

Box n°3: Final sMEB used for transfer value calculations

Household Size	2	3	4	5	6	7+
Transfer value (CDF)	73,400	110,000	146,700	183,400	220,000	256,700
Transfer value (USD)	33	50	67	83	100	117

SELECTION OF THE CASH TRANSFER RECIPIENT

The head of household was considered as the recipient of the cash assistance. Given the results of the selection process, the majority of recipients were women.

Two options were offered to households eligible for cash assistance but unable to attend on the day of distribution:

Another member of the household collects the cash assistance: To do this, the head of household had to nominate a member of the household as proxy/replacement, draw up a power of attorney and have it signed by the local leader. The proxy had to present himself/herself on the day of distribution with his/her identity card and the signed power of attorney.

Given the low level of education and high level of illiteracy among target households, para-social workers were mandated to accompany beneficiaries in the process of drawing up a power of attorney and having it signed by the local leader;

Attend a catch-up session the following day in the nearby location of Baraka: Transportation support was made available so that beneficiaries do not have to cover transport costs in order to access the cash assistance. A very low number of absentees was expected at the time of distributions, given prior awareness-raising on distribution dates/sites and confirmation of their mobilization/commitment to attend.

DELIVERY OF CASH IN-HAND AT COMMUNITY LEVEL

Two distribution sites were identified for around 75 households each (Malinde and Fizi Centre), guaranteeing the safety of SCI staff, beneficiaries and TMB agents (FSP) as well as the confidentiality of operations.

One (01) focus group discussion (FGD) was organized with community leaders and a representative sample of beneficiaries in each of the project areas. Particular attention was paid to gender-specific risks as well as access for beneficiaries with special needs. The sites guarantee safe and confidential access, and provide protection from the sun when waiting. Following these field visits, the project identified Action Aid's multi-purpose rooms in both Fizi and Malinde, which are regularly used by other humanitarian actors operating in these areas.

Step 1 - Beneficiaries were made aware of the project's objectives, the selection process and criteria, the modality and distribution mechanism, the frequency and duration of assistance, the transfer values and their adaptation according to household size, the safe management and use of cash and the available complaint/feedback mechanisms, at least 48h/72h before the first distribution;

Step 2 - Delivery of SC DRC's ID cards at least 48h/72h before the first distribution by para-social workers as part of case management activities; Paper tokens with the unique beneficiary number were given to each beneficiary by para-social workers before each distribution;

Stage 3 - Purchase of distribution material: stamps, pens, suggestion box etc.; Preparation of material for verifying the identity of beneficiaries and reconciling transferred funds: lists of selected beneficiaries with basic information (surname, first name, unique beneficiary number and transfer value) and sign-in sheets;

Step 4 - SC DRC team prepared distribution sites on the day of distribution (rather than the day before, to avoid security risks and stigmatization).

Step 5 - Distribution management :

- **Stand #1** (TMB agent): The beneficiary handed over his/her valid identity card (voter's card, driver's license, passport or certificate from the village chief) or the one produced by SCI to the FSP agent, who checked the beneficiary's identity against his/her beneficiary list and then refers him/her to stand #2 ;
- **Stand #2** (TMB agent): cross-checked beneficiary identity (ID or SCI card) and transfer value. The beneficiary received the cash assistance in an envelope previously prepared by TMB agents. After receiving the cash assistance, the beneficiary signed the reception list and was directed to stand #3. Transfer values were not written on the envelopes to limit security risks after distribution;
- **Stand #3** (SC DRC MEAL team): the beneficiary handed over his token with his unique beneficiary number and his valid ID or SCI card. The beneficiary signed the token list to certify receipt of the cash transfer and the amount received. The MEAL officer filled in the back of the card with the place and date of distribution and handed out the awareness-raising leaflet with key messages on child protection and safeguarding, available complaints mechanisms, etc.);
- **Stand #4** (SC DRC para-social workers): A referral desk was set up separately from the distribution circuit, but still within Action Aid's multi-purpose rooms, to orient beneficiaries and facilitate the smooth running of operations.

RESPONSE DESIGN: AAP AND MEAL

ACCOUNTABILITY AND MANAGEMENT OF COMPLAINT/ FEEDBACK MECHANISMS

Hot line: The SC DRC's national hot line with the number #133 was communicated regularly through case management/awareness-raising activities by para-social workers. SC DRC's MEAL team in Kinshasa was responsible for collecting and processing complaints/feedback requests and ensuring a timely response.

Accountability committee: SC DRC's MEAL team set up an accountability management committee at community level in each of the two intervention zones. Each committee included a protection officer and an SC DRC MEAL officer.

Suggestion box: a suggestion box was placed at the end of the distribution circuit at each of the two sites, to enable beneficiaries to make complaints, request information and/or share any other observations/comments. Complaints were collected through the complaints committee operating in each community, and the information was collated by the MEAL department, which in turn relayed continuously these feedbacks to the various project stakeholders.

Para-social workers: para-social workers provided a secure and confidential complaints mechanism through the regular sessions they run as part of case management and basic budget management (Money Matters toolbox). Para-social workers referred complaints and requests for information made by beneficiaries to SC DRC's MEAL teams, who was responsible for handling and managing them and providing an appropriate response within an appropriate timeframe.

POST-DISTRIBUTION MONITORING (PDM)

One PDM survey was conducted after the second cash transfer[3], in order to monitor the process (quality, protection mainstreaming, accountability to affected people - AAP), and the immediate (women's spending and decision-making) and medium-term (coverage of basic needs, coping strategies and child protection outcomes) results of the distribution.

SC DRC's MEAL teams was responsible for face-to-face data collection one to two weeks after the distribution, using the Kobo Collect tool, as well as data entry and cleaning. Results of the PDM were discussed and considerations for programmatic adaptations were made with the program teams.

ENDLINE AND IMPACT ASSESSMENT

An endline evaluation was carried out one (01) month after the last cash transfer to 100% of beneficiaries in order to evaluate the results of the intervention through a comparative analysis of the data from the baseline survey and the PDM.

An impact assessment was then carried out using the same methodology two months after the endline evaluation, or three months after the last CVA disbursement, in order to measure the impact of the intervention and the sustainability of the results achieved.

3. The PDM was initially planned after the first cash transfer but had to be delayed after the second one

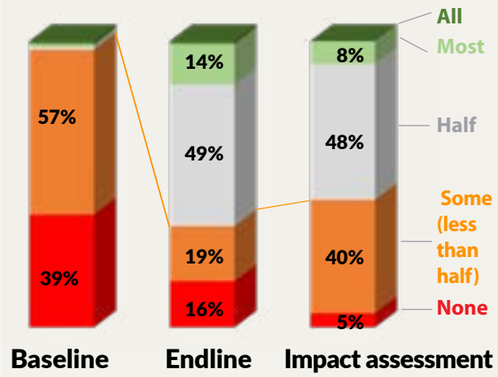
FINDINGS

BASIC NEEDS COVERAGE AND COPING STRATEGIES

Basic need coverage: The percentage of households only able to cover less than half or even none of their basic needs sharply reduced from 97 % at baseline to 35% at endline, and increased at 44% 3 months after the last CVA disbursement. In turn, they were only 3% at baseline being able to cover about half or more of their basic needs against 65% at endline and 56% 3 months after the last CVA disbursement.

Coping strategies: Subsequently, the average rCSI sharply reduced from 33.1 at baseline to 16.2 at endline and even further down to 15.6 3 months after the last CVA disbursement, showing a sharp reduction in the need for household to adopt negative coping strategies due to lack of food. As such, while 81% of households were in a "crisis" situation at baseline (corresponding to the IPC Phase 3 threshold), they were only 39% at endline and 43% 3 months after the last CVA disbursement, and in turn, the percentage of households in a stressed situation (IPC Phase 2 threshold) increased from 18% at baseline to 55% at endline and then down to 36% 3 months after the last CVA disbursement. While no household showed a rCSI considered as "minimal" (IPC Phase 1 threshold) at baseline, they were 6% at endline and up to 21% 3 months after the last CVA disbursement.

Box n°4: Capacity of household to cover their basic needs



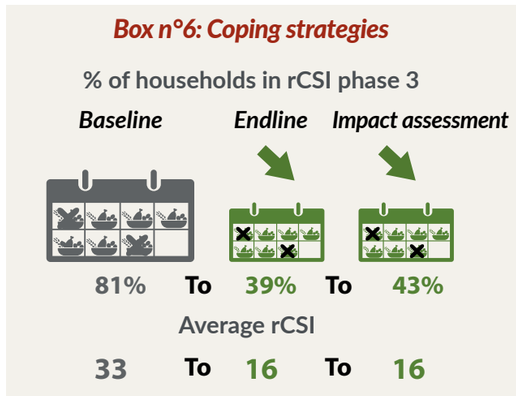
Households prioritized cash utilization toward food expenses (100% of households), closely followed by education expenses (82%), and to a lesser but still important extent toward livestock/livelihoods expenses (56%) and health expenses (33%).

Box n°5: Most commonly reported utilization of Cash (as reported in PDM)

1. Food (100%)
2. Education (82%
3. Livestock (56%)
4. Health (33%)

* Most reported expenditures in a multiple choice question, results are more than 100%

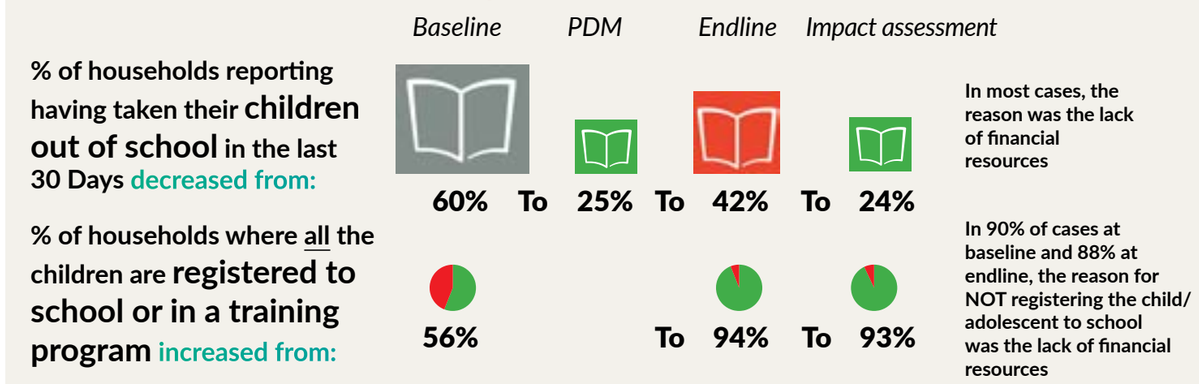
Box n°6: Coping strategies



IMPACT ON CHILDREN AND HOUSEHOLD

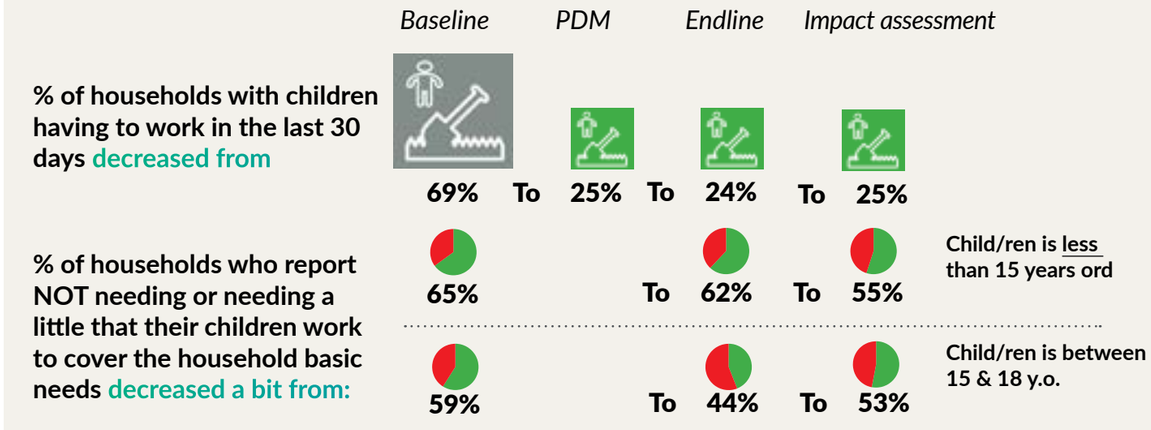
Education: The CVA enabled households to pay school fees (79% of households), buy school supplies (75%) and uniforms (74%). In turn, the percentage of households where all children were enrolled in school or in a training program jumped from 56% at baseline to 94% at endline, and sustained even after the project closure, as 3 months after the last CVA disbursement 93% of households reported that all children were still schooled; Also, the percentage of households reporting having taken their children out of school in the last 30 days decreased sharply from 60% at baseline to 42% at endline and even further decreased to 24% 3 months after the last CVA disbursement. In most cases, the reason for children having to drop school was the lack of financial resources.

Box n°7: Impact of CVA on education outcomes



Child labor: CVA reduced the need for households to send their children to labor in order to cope with the lack of financial resources. The percentage of households who reported not needing or needing a little that their children below 15 work to cover the household's basic needs decreased from 59% at baseline to 44% at endline and then slightly re-increased to 53% 3 months after the last CVA disbursement. On the other hand, while 65% of households reported not needing or needing a little that their children between 15 and 18 work at baseline and slightly down to 62% at endline, they were 55% reporting as such 3 months after the last CVA disbursement. In turn, the percentage of households with children having to work in the last 30 days decreased from 69% at baseline to 24% at endline and maintained at 25% even 3 months after the last CVA disbursement. 41% were able to reduce the time children had to spend working and 38% could reduce the time children had to spent doing household chores.

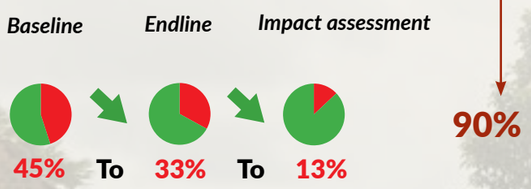
Box n°8: Impact of CVA on child labour outcomes



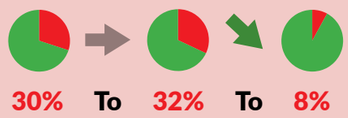
IMPACT ON COMMUNITY PERCEPTIONS OF VARIOUS CP RISKS

HHs reporting that the given indicator is very frequent in their community

% of households reporting that the given indicator has decreased since the start of the SC project (in impact asssessment)



Children recruitment in armed forces or armed groups



87% of households reported that they thought that the recruitment of children into armed forces and armed groups has decreased since the Save the Children project. They were still 80% saying so 3 months after the last CVA disbursement.

IMPACT ON CHILDREN SAFETY AND WELLBEING

67% reported a significant improvement on their children's safety (56% in impact assessment)

83% reported that their children's wellbeing improved a lot in comparison to before the cash

IMPACT ON HOUSEHOLD AND SUSTAINABILITY

72% reported that the Cash had a positive effect on their household or on intra-household relationships (PDM)

85% of households reported feeling less stressed or anxious since receiving the cash (92% in impact assessment)

70% of households reported that some of the positive changes brought by cash have persisted until now (impact assessment)

SATISFACTION WITH CVA ASSISTANCE

98% reported that their opinion was totally (81%) or mostly (17%) taken into account by SC DRC

97% reported to be completely (80%) or mostly (17%) well informed about the assistance available

96% reported knowing where to share a feedback or a concern with the assistance

94% reported to be very satisfied (74%) or satisfied (20%) with the asssistance provided

LESSONS LEARNT

CVA amplified the outcomes of CP case management: para-social workers confirmed that CVA was an effective tool to achieve some case plan objective through the covering of basic needs and livelihood strengthening. Many cases had used the CVA to develop a new income-generating activity (i.e. petty trade - buying and selling) although their initial capacity to cover their basic needs was very low.

But it is likely not to be sufficient: some of the positive outcomes have sustained 3 months after the last CVA disbursement while others deteriorated. According to case workers the CVA duration should be longer (i.e. 6 months or more) and linked with livelihood programming. A recent report by Ground Truth Solutions in the DRC notably highlighted community expectations for resilience programming and a Nexus approach (humanitarian-development-peacebuilding).

Case management is an effective entryway for integrated CVA for CP programming: case workers are the eyes, voice and arms of the project. They have a privileged position to build long and close relationships with beneficiaries through regular case management activities. They are able to facilitate community awareness, acceptance and ownership to the intervention; to support CVA operations; to monitor risks and manage some complaints and feedbacks and to build beneficiaries' competencies on basic budget management.

Case workers are preferred entry-points for complaints and feedback by beneficiaries: they are trustworthy staff residing at/near the target locations and able to provide a rapid reply in a confidential and secure manner. Other complaints and feedbacks mechanisms were also made available, such as the hot line, complaint/feedback boxes during cash transfer operations and Post-Distribution Mechanism (PDM) surveys with sub-sections related to complaints/feedback.

Expanding targeting beyond ex-CAAFAG was key to limit risks of stigmatization. In this sense, including vulnerable households at-risk of sending their children into armed groups/forces was positive. In this project, out of 150 beneficiary households, 78 cases (52%) were households with ex-CAAFAG, and 72 cases (48%) were households considered at-risk of sending their children into armed groups/forces due to socio-economic vulnerabilities.

After decades of protracted conflicts and humanitarian assistance, **there is a high level of scrutiny at the community level about humanitarian assistance:** communities want to engage in a meaningful way from the design of the intervention. It is crucial to communicate clearly and stick to what was communicated to avoid tensions and conflicts at community level.

Collaborating with national authorities with a complex mandate focusing on Disarmament, Demobilization and Reintegration (DDR) and limited resources requires to plan sufficient time and in turn avoid delays. The involvement of those national authorities in the targeting and selection process was key and very beneficial but timing should be well factored at the design stage.

RECOMMENDATIONS

CVA IMPACT AND SUSTAINABILITY

Direct field observations and feedback from field workers highlight the need to extend the duration of CVA (such as 6 months and over) and to link it with the Phase 2 "economic recovery" and Phase 3 "sustainable and decent work" as highlighted in the livelihood for CAAFAG guidelines.
As a reminder, this pilot project is an operational research, which goal was to determine the impacts of CVA on CP outcomes. In this context, such a Phased program design was out of the scope.

RISK MITIGATION

Risks are usually assessed broadly (i.e. Province, country, Program levels) but less often according to a very specific context (i.e. at village and individual level). Undertaking a CVA risk assessment in the target locations to consider program adaptations before implementation as well as a CVA risk assessment on a case-by-case basis as part of internal referral from CP to CVA contributes to a quality and integrated CVA for CP program.

Risks of stigmatization may be important and in turn exacerbate some CP risks – it is crucial to mitigate stigmatization by enlarging targeting beyond CAAFAG. For example, this project targeted very poor households at-risk of sending their children into armed groups/forces due to economic hardship and/or social aspects (i.e. unaccompanied children more at-risk of enrolling into armed groups/armed forces in the context of intervention). In turn, the project was not interpreted by the community at-large as strictly supporting ex-CAAFAG.

PROGRAM INTEGRATION

An integrated CVA for CP programming (especially on the sensitive topic of CAAFAG) requires two set of expertise and skills, and in turn two dedicated teams able to undertake their work without over-burdening the other. Solely integrating CVA competencies within the case worker's job description/role would not be appropriate without a CVA team. Case workers need to know the "essentials of CVA", the difference between economic and social risk factors and to communicate appropriately about CVA programming - but they are not asked to be CVA experts.

While it is recommended that CP Case Management start prior to the provision of CVA, it is important to then ensure that CVA and CP are provided hand-in-hand at the same time: it requires to align CVA and CP program plans, and potentially to allocate shared resources across different awards/budgets.

Create the space for ad-hoc discussions between CVA and CP teams as well as more formal discussions/meetings to review the project's practices, achievements, challenges etc. (Key time to do so may include the program design stage, at the start of CVA implementation, during case plan development, implementation and review, after PDMs and after the endline).

Some recommendations specific to CVA and CP teams implementing or to engage in integrated CVA for CP programming include:

For CP teams

- Provide timely and accurate communication to beneficiaries on CVA programming as part of case management
- Inform CVA team about any significant changes as part of case management without sharing sensitive case file information (i.e. case closure or drop-outs)
- Contextualize and roll-out a CVA risk and need assessment tool on a case-by-case basis to facilitate appropriate internal referral from CP to CVA
- Build CVA staff capacities on child protection to detect CP cases during CVA operations and refer them internally/externally
- Accept and review cases referred from the CVA team

For CVA teams

- Build CP staff capacities on the "essentials of CVA", the CVA risk and need assessment to be rolled-out on a case-by-case basis as well as basic budget management before start-up – provide refreshers during implementation as needed
- Accept and review/counter-assess CP cases referred from the CP team
- Update case workers about any changes on CVA programming in a clear and timely manner
- Adapt the case worker competency assessment framework tool with CVA considerations
- Adapt the case management review tool with CVA considerations (i.e. type and level of services provided)
- Strengthen CVA advocacy at Protection coordination mechanisms (i.e. CVA capacity-building of key CP staff at CP sub-working groups)

Para-social workers may identify CP cases, screen them and register them, then assess the specific needs of the individual child, and develop an individual case plan: at this stage of the case management cycle, case workers should be able to share anonymized information about the types and levels of vulnerabilities of the overall caseload. In turn, this information may help the CVA and CP teams to refine the selection criteria and the transfer values as well as the frequency and the duration of the cash assistance and if any conditions or restrictions should be set.

Respecting the Need-to-Know Principle, case workers may also inform back the CVA team about any risks that the case experienced and/or any risks that are likely to emerge, without going into the details of the case and respecting confidentiality of sensitive information. This is valuable information for the CVA team to propose some program adaptations (i.e. changing the transfer value, the frequency, the delivery mechanism, the distribution site etc.) to be discussed with the CP team according to the best interest of the child.

Case workers may then in turn inform the beneficiary receiving case management about any CVA program changes.

> *"Before the SAVE project, I was involved with armed forces and groups. I helped the commander and his team prepare food. But thanks to the SAVE project, I was able to leave the armed group and return home, and found my way back to school (...) I am very grateful to SAVE for assisting us with cash and for organizing the "child-friendly space" for us"*
>
> **FGD with boys, Fizi Centre**

ACCOUNTABILITY

It is crucial to communicate clearly and sufficiently in advance about the CVA program at community level and to do so as well when any program changes are to be done. It helps fostering local participation and in turn strengthen local ownership.

It contributes to the communities' overall satisfaction and to the program appropriateness as well as effectiveness, and in turn it limits community tensions and dissatisfaction.